In the Specification:

Please amend Page 1, Lines 9-10, as follows:

This application is a continuation-in-part of prior U.S. Application Serial No. 09/061,168 filed on April 16, 1998, which issued as U. S. Patent No. 6,280,468 on August 28, 2001, which is a continuation-in-part of prior U.S. Application Serial No. ~~08/846,975~~ 08/946,975 filed on October 8, 1997, which issued as U.S. Patent No. 6,007,578 on December 28, 1999.

Please amend Page 9, Lines 12-13, as follows:

Figure 10 shows an end view of the prosthesis of Figure 9.

Please amend Page 12, Line 12 to Page 13, Line 3, as follows:

According to the invention the effective working distance of the ciliary muscle is increased by implanting in pockets surgically formed in the sclera of the eye a plurality of prostheses designed to place an outward traction on the sclera in the region of the ciliary body. The relevant anatomy of the eye for locating the scleral pockets may be seen by reference to Figures 1-4. The outermost layer of the eye 100 comprises the white, tough sclera 102 which encompasses most of the globe and the transparent cornea 104, which constitutes the anterior segment of the outer coat. The circular junction of the cornea and sclera is the limbus 106. Within the globe of the eye, as illustrated in the cross-section of Figure 4, the crystalline lens 108 is enclosed in a thin membranous capsule and is located immediately posterior to the iris 112, suspended centrally posterior to the pupil 114 on the

optical axis of the eye. The lens 108 is suspended by zonules extending between the lens capsule at the equator 110 of the lens 108 and the ciliary body 116. The ciliary body 116 lies just under the sclera 102 (i.e., just inwardly of the sclera 102) and is attached to the inner surface of the sclera 102. As may be seen in Figure 4, the ciliary body 116 lies generally in a plane 130 defined by the equator 110 of the lens 108. The plane 130 can also be extended to intersect the sclera 102 whereby it forms a generally circular intersection located about 2 millimeters posterior to the limbus 106. The external muscles 118 of the eyeball control the movement of the eye.

Please amend Page 16, Line 18 to Page 17, Line 11, as follows:

Figures 9-10 illustrate a prosthesis of the invention having a curved platform adapted to be implanted in a scleral pocket that is curved to match the curvature of the eyeball. The prosthesis 300 of Figures 9-10 has a generally planar base 302, curved in the plane of the base 302, having an anterior edge 304, a posterior edge 306, and lateral ends 308 and 310. The inner face is provided with a ridge 314 extending along the length of the major dimension of the elongated curved base 302. Figure 10 shows a side view of the prosthesis of Figure 9 showing the outer face 316, the ridge 314 and a notch 318 on the inner face 312 of the prosthesis. The curvature of the base is chosen to provide at least an approximate match for the curvature of the adjacent structures on the surface of the sclera, e.g., the limbus 106, adjusted for the distance of the scleral pocket 120 and prosthesis 300 from the limbus 106. Figure 3 shows a front elevational view of an eye provided with curved scleral pockets 120 to accommodate a curved prosthesis 300 of the type illustrated in Figures 9 and 10.

Please amend Page 17, Lines 12-24, as follows:

Figures 11-13 show an embodiment of the invention wherein the anterior portion is tapered from the ridge to the anterior edge. Figure 11 shows a plan view of the prosthesis 400 having a base 402 with an anterior edge 404, a posterior edge 406, and lateral ends 408 and 410. The outer face 416 is smooth and adapted to be placed against the inner surface of the outer wall 128 of a scleral pocket 120. The inner face 412 is provided with a ridge 414 extending along the length of the major dimension of the elongated base 402. Figure 12 shows a front elevational view of the prosthesis of Figure 11 showing the flat, smooth outer face 416 of the prosthesis. Figure 13 shows an end view of the prosthesis of Figure 11 showing the outer face 416 and the ridge 414 on the inner face 412 of the prosthesis 400. In this embodiment the ridge 414 tapers toward the anterior edge 404 of the prosthesis.

Please amend Page 18, Line 3 to Page 19, Line 1, as follows:

Figures 14-16 show a preferred embodiment of the prosthesis in which the ridge member includes extensions beyond the ends of the base member which lie on the surface of the sclera adjacent to the scleral pocket and help to stabilize the prosthesis. Figure 14 shows a plan view of this embodiment 500 having a base 502 with an anterior edge 504, a posterior edge 506, and lateral ends 508 and 510. The inner face 512 is provided with a ridge 514. The ends 508 and 510 of the ridge 514 extend slightly beyond the ends of the base 502. Accordingly, the ends 508 and 510 of the ridge 514 will extend beyond the ends of the pocket 120 and lie on the surface of the sclera 102.

Figure 15 shows a front elevational view of the prosthesis of Figure 14 showing the flat, smooth outer face 516 of the prosthesis and the ends 508 and 510 of the ridge 514 extending beyond the ends of the base 502. Figure 16a shows an end view of the prosthesis of Figure 14 showing the smooth outer face 516 and the ridge 514 on the inner face 512 of the base 502, as well as a notch 518. Figure 16b shows an end view of an alternate embodiment of the prosthesis 500 wherein the base 502 does not taper all the way to the posterior edge 506. Evidently, the thickness of the posterior edge 506 may vary from a relatively sharp posterior edge as shown in Figure 16a to a relatively thick posterior edge as shown in Figure 16b, or even thicker if it is advantageous.

Please amend Page 19, Line 2 to Page 20, Line 1, as follows:

Figures 17-20 illustrate an embodiment of the prosthesis that is hollow and made from a plastic or elastomeric material and filled with a liquid. Figure 17 shows a plan view of this embodiment 600 having a base 602 with an anterior edge 604, a posterior edge 606, and lateral ends 608 and 610. The inner face 612 is smoothly rounded and rises to a crest 614 that serves to support the prosthesis on the inner wall 126 of the scleral pocket 120 in the same way as the ridge member of other embodiments of the invention. Figure 18 shows a front elevational view of the prosthesis of Figure 17 showing the flat, smooth outer face 616 of the prosthesis. Figure 19 shows a cross section of the prosthesis of Figure 17 taken along the line 19-19. The cross-section shows the

flexible wall 612 of the prosthesis as well as the flat outer face 616, and the crest 614. The cross section also shows the filling liquid 620. Figure 20 shows an end view of the prosthesis of Figure 17 showing the outer face 616 and the crest or ridge 614 on the inner face 612 of the prosthesis 600. The hollow prosthesis is filled with liquid, typically by injecting the liquid through an end 608 or 610. The prosthesis may be filled with more or less liquid in order to adjust the thickness between the outer face 616 and the crest or ridge 614 to provide more or less traction on the sclera at the anterior margin 122 of the scleral pocket or belt loop 120.

Please amend Page 28, Lines 7-19, as follows:

Figures 2 and 3 show front elevational views of an eye 100 showing the scleral pockets 120 formed at approximately the 45° meridians of the eye, i.e., approximately halfway between the vertical and horizontal meridians of the globe. This location is preferred because it avoids interference with structures of the eye that are located generally on the vertical and horizontal meridians. Figure 3 shows the use of curved scleral pockets 120 to permit the use of curved prostheses of the type illustrated in Figures 9 and 10. Figure 2 shows the use of straight scleral pockets 120. Such straight pockets are somewhat simpler to prepare surgically. For many patients the use of straight prostheses can provide adequate treatment of their presbyopia.